

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-017790

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

4559

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED MAY 2 1963

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Missouri		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis		c. CITY OR TOWN Jennings	
Length of stay in 1b 8 days		Inside Limits <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) St. Louis Little Rock Hosp. Inc.		d. STREET ADDRESS (If outside, give location) 8933 St. Cyr. Drive	
3. NAME OF DECEASED (Type or print) Harry Jay Jones Sr.		4. DATE OF DEATH Month April Day 25 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-23-1894
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Travel. Fgt. Claim Adjustor		11. BIRTHPLACE (City and state or country) St. Louis, Mo.	
10b. KIND OF BUSINESS OR INDUSTRY Railroad		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Samuel Jones		13b. MOTHER'S MAIDEN NAME Catherine Carroll	
14. NAME OF HUSBAND OR WIFE Jessie Jones		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes	
16. SOCIAL SECURITY NO. W.W.#1		17. INFORMANT Jessie Jones	
18. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis DUE TO (b) Cerebral Arteriosclerosis DUE TO (c) Diabetes Mellitus		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 260x	
20c. TIME OF INJURY Hour 4:00 A.M. Month, Day, Year April 17, 1963		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION St. Louis, Mo.	
20g. COUNTY St. Louis		20h. STATE Mo.	
21. I attended the deceased from April 17, 1963 to April 25, 1963 and last saw him alive on April 24, 1963 Death occurred at 4:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <i>Dr. B. J. Smith</i>	
22b. ADDRESS 1755 South Grand Blvd.		22c. DATE SIGNED 4-25-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 4-29-63	
23c. NAME OF CEMETERY OR CREMATORY National Cemetery		23d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo	
24. FUNERAL DIRECTOR Buchholz Mortuary, Inc., St. Louis, Mo.		25. DATE RECD. BY LOCAL REG. APR 25 1963	
26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i>			

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Ralph E. Lindner

Licensed Embalmer No. 4275

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.